

# Neonatal Conjunctivitis- Treatment

Associated Power Plans: EDP: Eye Infection >  
 Neonatal Conjunctivitis Subphase Pathway  
 Inpatient: Neonatal Conjunctivitis Pathway

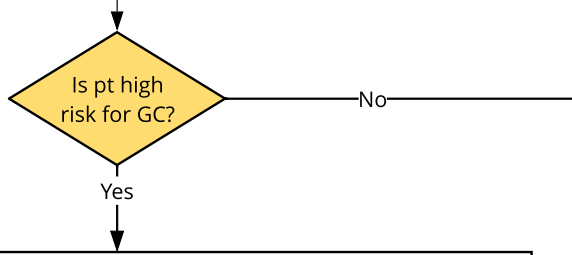


Children's Mercy  
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Evidence Based Practice

- Inclusion Criteria:**
- Pt is  $\leq 28$  days
  - Injected conjunctiva **and**
    - Mucopurulent discharge **or** hemorrhagic ocular discharge
- Exclusion Criteria:**
- Pt is febrile or ill appearing (if appropriate refer to [Febrile Infant guideline](#))
  - Pt is  $\geq 29$  days of age

Pt presents with risk for suspected pathogen(s)  
 Consider treatment for multiple pathogens when appropriate

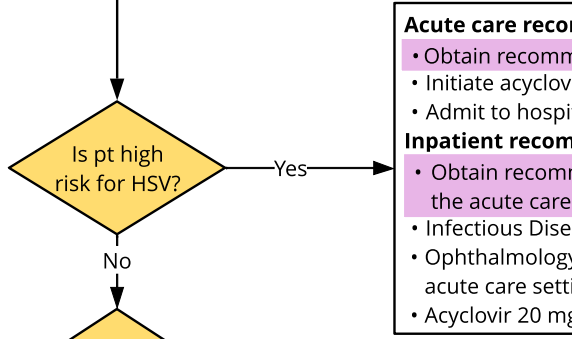


- Acute care recommendations:**
- GC eye culture and PCR
  - Blood culture
  - CSF culture
  - Ophthalmology consult
  - Empiric treatment: Ceftriaxone 50 mg/kg dose IV or IM x 1 (max dose: 250 mg)
  - Eye irrigation as per Ophthalmology recommendation
  - Admit to hospital
- Inpatient recommendations:**
- Ophthalmology consult (if not already obtained)
  - Infectious Diseases consult
  - If systemic infection is suspected based on CSF indices:
    - Ceftriaxone 50 mg/kg dose IV or IM qday x 7 days
    - For patients with hyperbilirubinemia: Cefotaxime 25 mg/kg dose IV or IM q12h x 7 days
  - Note: Cefotaxime is recommended but availability may be limited in the US. Contact a pediatric ID specialist for guidance on treatment.*

**Risk Criteria for *Neisseria gonorrhoeae* (GC), *Chlamydia trachomatis* (chlamydia) or herpes simplex virus (HSV) infections**

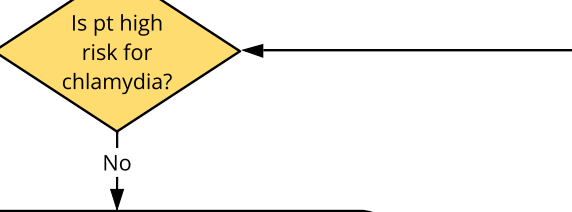
Risk factor	Suspected pathogen
Maternal history of untreated GC	GC
Baby born without recommended topical eye prophylaxis for GC	
Remarkable amounts of eye discharge	
Vesicular skin lesions	HSV
History of maternal HSV lesions at delivery, especially if known to be primary infection	
Maternal history of untreated chlamydia	Chlamydia
Hemorrhagic conjunctivae	

**If "Yes" to any of these risk criteria then patient should be considered high risk for GC, HSV, and/or chlamydia.**



- Acute care recommendations:**
- Obtain recommended culture and lab studies
  - Initiate acyclovir 20 mg/kg/dose IV x1
  - Admit to hospital
- Inpatient recommendations:**
- Obtain recommended lab tests if not previously obtained in the acute care setting
  - Infectious Disease consult
  - Ophthalmology consult if not previously consulted in the acute care setting
  - Acyclovir 20 mg/kg/dose IV q8h

- Treatment & Follow up**
- Azithromycin 20 mg/kg dose PO qday x 3 days
  - Ophthalmology Clinic referral
  - Follow up with PCP or ED if symptoms worsen



- Treatment & Follow-up**
- Empiric treatment with erythromycin or bacitracin ophthalmic ointment
  - Follow up exam in 24 - 72 hours with PCP or Ophthalmology
  - Follow up on PCR/[GC culture results](#) if obtained
  - Follow up with PCP or ED if symptoms worsen

- Recommended HSV studies:**
- HSV PCR: mouth, nasopharynx, anus, conjunctivae, and any skin vesicles
  - LP with CSF cell counts, protein, glucose, culture, and HSV PCR
  - Serum HSV PCR
  - AST, ALT



This clinical pathway is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient. Copyright © The Children's Mercy Hospital 2023. All rights reserved.